

| POSITION | ID NO. | DATE |
|-------------|-----------|---------|
| CLASSIFIER | | |
| EXAMINER | Z Michael | 5-26-46 |
| TYPIST | | |
| VERIFIER | | |
| CORPS CORR. | | |
| SPEC. HAND | | |
| FILE MAINT. | | |
| DRAFTING | | |

BEST AVAILABLE COPY
INDEX OF CLAIMS

| Claim | Final Original O | Date |
|-------|------------------------|---------|
| 1 | ① | 1-15-66 |
| 2 | | 4-11-67 |
| 3 | ② | 7-26-67 |
| 4 | | 1-21-68 |
| 5 | ③ | 1-26-68 |
| 6 | | |
| 7 | ④ | |
| 8 | | |
| 9 | ⑤ | |
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| 11 | ⑥ | |
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| 13 | ⑦ | |
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| 15 | ⑧ | |
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| 17 | ⑨ | |
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

| Claim | Date |
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